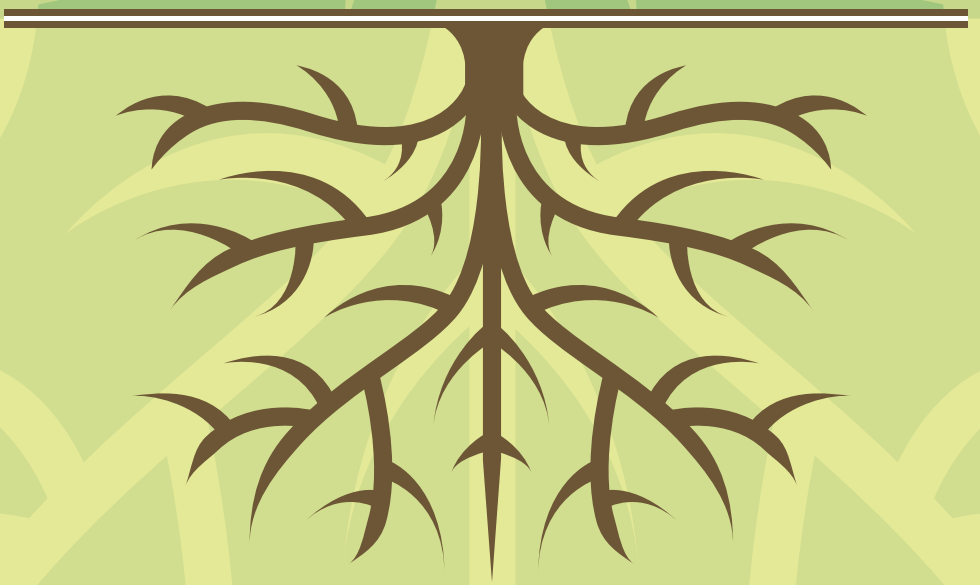
PROPOSITION 63

Voices of Stakeholders

Listening for the Roots of Change



California Institute for Mental Health

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Lien Cao, *Viet-American Mental Health Network*

Dr. Carmela Castellano-Garcia, *Chief Executive Officer of the California Primary Care Association*

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Introduction

California's Proposition 63: The Mental Health Services Act (MHSA), passed in November 2004, imposed a one percent tax on incomes above $1 million to provide funds to create and expand mental health services and programs in California. Statewide, the Act was projected to generate approximately $254 million in fiscal year 2004-05, $683 million in 2005-06, and increasing amounts thereafter.

To determine how to best use the funds to serve the mental health needs of state residents, the California Department of Mental Health in February 2005 established a county-by-county Stakeholder Process, whereby each county included local stakeholders in the planning and development of their MHSA funding requests. The Department established parameters for counties to invite those involved and interested in public mental health services – providers of services, law enforcement, educational institutions, social service agencies, consumers, families, ethnic communities, and others – to bring their ideas and suggestions to the table. The goal was nothing less than to transform the public mental health system in California.

The process began with a set of shared objectives:

1. To define mental illness as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care;
2. To reduce the long-term adverse impact resulting from untreated serious mental illness;
3. To expand successful, innovative service programs including culturally and linguistically competent approaches for underserved populations;
4. To provide funds to adequately meet the needs of all who can be identified and enrolled; and
5. To ensure that funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices with oversight to ensure accountability.

The client and family member movement throughout the state of California was instrumental in the passage of Proposition 63 and continues to be at the forefront of planning and implementing MHSA. Along with the voices of underserved ethnic groups, they bring incredible resources and capacities into the changing and growing recovery system. According to Sally Zinman of The California Network of Mental Health Clients:

"The language in Proposition 63 is revolutionary – a system based on choice, self-determination, recovery principles, and peer support. Consumers and families

As you read this booklet, you'll discover stakeholders responding to the following questions:

- What wisdom lies in each person and each ethnic group that is needed by all of us working toward transformation of mental health services?
- What do we have to gain working side by side, helping one another and at the same time enjoying the fruits of one another's ethnic traditions?
- How is "help" being redefined and what does this mean in the context of services?

were instrumental in this Act long before it was a proposition; it was called the mental health initiative. Our focus was on holistic services: increasing peer support programs, involving consumers and family members in all parts of decision-making, and increasing employment and leadership within the system."

Those who participated in the Stakeholder Process represented diverse cultural traditions, some of which have been left out of public mental health for generations. The result has been an opportunity to build new relationships, understand generations of inequities and suffering, and identify capacities and resources available from various ethnic groups.

As a member of the Pawnee Nation and Senior Mental Health Consultant with the National System of Care Initiative, Holly Echo-Hawk said, "Culture is a resource, not a problem to be solved. There is a great capacity in learning from one another."

"Culture is a resource, not a problem to be solved. There is a great capacity in learning from one another."

Holly Echo-Hawk,
Member of the Pawnee Nation and Senior Mental Health Consultant with the National System of Care Initiative

The Stakeholder Process has been nothing short of the beginnings of a peace and justice model – creating peace and new relationships among those who receive and those who provide mental health services, and resulting in a commitment to a more just method of delivering service. Hearing the wisdom of those at the table was healing for the communities and for the system. People found themselves united in their desire for justice in service delivery – meaning not only that people have access to available services, but also that the services are offered in ways that are appropriate for the person and the family receiving them.

One metaphor that appears throughout this booklet is "hand to hand." Mental health recovery is about "hand-to-hand" help: the hand that feeds another; the hand that offers itself to a lonely hand; the hand that houses the cold; the hand that touches another hand with compassion while listening to the atrocities that contribute to mental instabilities; the hands held in a circle; traditional ways of healing with hands; knowing that there is a hand to hold onto when there are great fears; knowing that the hands of the government feed the "helping hands" of employees who are devoted to helping others be well. Even the larger system's administrators and leaders offer a hand toward justice by seeking ways to change policy and administrative structures that have been status quo for decades. Both the recovery movement and the transformation of services in California are "hand-to-hand" ways of helping that are rooted in cultural beliefs and ancient "holistic" healing practices. This Stakeholder Process has reminded everyone of the basic human needs of those in recovery.

With people who use mental health services and their family members at the head of the table, many taking key leadership roles in this transformation movement, the work of the people is in the hands of the people, so to speak. The transformation looks more like "hand-to-hand" transformation that comes from the bottom up, rather than change imposed from above by top-level administrators.

This booklet contains some of the stories, experiences, and ideas that were revealed in the Stakeholder Process throughout the State of California. While the

immense value in these interactions was experienced best firsthand in the local meetings, we hope this document helps to spread some of the thoughts and ideas. The intent is not to value the wisdom of one ethnic group or consumer group over another, but to draw on the collective wisdom of many voices coming together to envision what the transformation of a mental health delivery system could look like. This is just one thread of the work and one chord of the voices of those who have participated in the Stakeholder Process. Information is also drawn from stakeholders who were presenters at two conferences sponsored by the California Institute for Mental Health—the California Mental Health Policy Forum in September 2006 and the Cultural Competence Conference in November 2006.

This booklet includes these sections:

1. Opening and inviting – The invitation to the Stakeholder meetings

2. Interacting and listening – What did people learn when they got together?

3. Enacting what you learn – What will some changes look like?

4. Ending – United is stronger than alone, by Dr. Stephen Mayberg

We hope you will find this book helpful in transforming the mental health system near you.

California communities are richly diverse, which brings substantial benefits to collaboration processes. This booklet can only contain a sampling of the many cultures involved in developing mental health services.

> ***"This is the largest transformation ever in the Department of Mental Health – all in the last year and a half! The involvement of consumers and family members is huge; the staff believe in the vision of the Act and that the system can be transformed by listening to consumers, family members, and all stakeholders. When more people get on board, more gets done."***
>
> **Tina Wooton,**
> Department of Mental Health

Opening and Inviting – The Invitation to the Stakeholder Meetings

> ***"With mental health, there are very discrete issues that motivate an ongoing public debate and discussion – as the nature of services is often crisis and personal in nature. There have to be relationships with people in the community that are outside the government services themselves."***
>
> **Peggy Collins,**
> staff person for
> State Senator Wes Chesbro

The listening that took place during the Stakeholder Process was not "business as usual." The invitation itself was the beginning of the transformation of public mental health – a move to establish peace with unserved and underserved people, to listen to all in order to learn how services could be improved and inequities begin to be resolved in culturally appropriate ways. Even for those consumers, families, and ethnic groups who had been included in advocacy and planning for years, this was a new depth of listening.

"Engaging community dialogue is the first step in doing any kind of community development," says Peggy Collins, staff person for State Senator Wes Chesbro. "With mental health, there are very discrete issues that motivate an ongoing public debate and discussion – as the nature of services is often crisis and personal in nature. There have to be relationships with people in the community that are outside the government services themselves. I like it that some counties have struggled hard to figure out how to get people engaged in the system who haven't thought about getting involved – that is very exciting."

As part of the Stakeholder Process, Santa Clara County created ethnic advisory committees representing the African, American Indian/Alaskan Native, Chinese, Filipino, Latino, Vietnamese, and the Refugee and Immigrant Communities. "They will stay engaged," says Nancy Pena of the Santa Clara County Mental Health Department. "They are involved in our management process, and we will help them do their own strategic planning for how they want to develop advocacy in their own communities. We have many ethnic-specific providers, and half of our employees are bilingual. This allows for each cultural group to bring in their own interventions including natural healers and the faith community. We have learned so much from these advisory committees." (See a comprehensive report: *Ethnic Communities of Santa Clara County: Provider Perspectives and Opinion on Mental Health, 2006.*)

What was it like for unserved groups to receive the letter inviting them to the table to talk about mental health services? The following quotes can help us understand what the invitation itself might have meant and see how far some of the stakeholder groups had to travel to understand one another.

Given the historic background of U.S. Government relations with tribal people, it's no wonder that Native Americans would be reluctant to sit down with govern-

ment officials.

"Native Americans in California have been the most underserved and underrepresented minorities in California," noted Connie Reitman-Solas, Executive Director of the Inter-Tribal Council of California. "There is generational trauma. Genocide happened. The Pomo Tribes in Lake County were decimated at Bloody Island in 1849; this is living history for tribal people. Genocide affliction posttraumatic stress disorder syndrome is unique to California Tribal populations, yet few peoples who are in the treatment system are aware of this. Spiritualism is a part of our tradition; U.S. and California policy had disconnected us from our spiritualism and traditions. Starting from a place of truth affords us a chance to fix it."

Others spoke of their desire to dispel stereotypes.

"We immediately saw the need to dispel myths and stereotypes about Native Americans – demographics, rural and urban Indians, generational history, stigma, and traditional therapies," said D. Shane Barnett, Executive Director of the Walking East Council for the Advancement of Native Americans. "For example, they said there were 591 Native Americans in Alameda County, of which 76 had serious mental illness. Our data show 30,000 to 45,000 Native Americans in Alameda County. Our mental health needs are not met by federal funds or by gaming and casino dollars."

The Stakeholder Process was a learning experience for everyone involved.

"We are very proud of our Underrepresented Ethnic Populations Group (UREP) stakeholder process. This was the first time that people from different cultures – and not just traditional – participated, including Latino, Korean, Japanese, Chinese, Middle Eastern, Armenian, Russian, and African Americans, including immigrants. We weren't perfect, but what we did accomplish was impressive. The group developed six guiding principles and a funding methodology (the Guiding Principles are on page nine). These three pages are very powerful – in that we went from hearing a lot of anger and disappointments from people with various interests – to creating these inclusive documents. These two documents are the best products I have seen in many years – they contain not only the guiding principles for policy development, but also details on methods to use to operationalize the principles. When the Asian Pacific Policy & Planning Council did presentations on MHSA, we found many unmet needs – we need to collaborate with other gatekeepers to increase access. One clear barrier is that we do not have the work force who can speak a variety of languages. We do need to be careful not to raise expectations through education and outreach, without being clear how we can respond to needs – and if we can respond to needs. We want to keep the trust with groups who already have tremendous stigma about seeking mental health care." — *Gladys Lee, Vice President, Pacific Clinics, L.A. County.*

"I care deeply about Armenian people. One of the things we are most proud of as Armenians is that our country is one of the oldest and most historic civilizations in the world with a rich cultural heritage, as well as the first nation to adopt Chris-

"The Pomo Tribes in Lake County were decimated at Bloody Island in 1849; this is living history for tribal people. Genocide affliction posttraumatic stress disorder syndrome is unique to California Tribal populations, yet few peoples who are in the treatment system are aware of this. Spiritualism is a part of our tradition; U.S. and California policy had disconnected us from our spiritualism and traditions."

Connie Reitman-Solas,
Executive Director of the
Inter-Tribal Council

tianity as its official religion. We are very proud of this, and Christianity is who we are today; it is what unites us.

"However, I also care deeply for other ethnic groups. I began my work in a high school with Armenian students, where there were fights between Latino and Armenian students; the ground was ripe for my work. I always have felt that anger solves nothing; you have to work together with one another, listening to one another's needs and then working on goals together. It is not enough to work isolated by ethnic group; I believe we need to work together for one another's benefit.

"There is a tremendous need for more education and outreach about mental health in immigrant communities. Information on what major depression is, anxiety, schizophrenia – there is much stigma about mental illness, so it is kept in the family until it gets worse and worse.

"As a result of my work at Pacific Clinics and SAAC II, I was voted into the Stakeholder Group representing the Armenian community as well as other ethnic minorities such as Filipinos, Koreans, and others. This was a way to get involved with ethnic groups who had never been heard before; to have a voice – that was very important for me. It created an official channel through which we could express our concerns. The Department of Mental Health asked me to collect information about what was needed. These are my observations. There is a great need for family support – family is very important and the meaning of extended family is specific. It is not just immediate mother, father, siblings, grandmother, grandfather but cousins and all of these on both sides of the family in a marriage. In the Armenian culture there is no such thing as homelessness. To take a child out of an Armenian family results in huge shame for the family. It is acceptable for the child to go to another family member, but not into a stranger's "foster care" home. There is a great need to have centers where the family can come to one location. Many have no money or transportation to go to several locations.

"Some ethnic communities who do not come to the table may be thinking: 'whatever your problems are, they are different than mine and you won't understand my problems. Secondly, if I meet with you maybe I will assimilate some of who you are and lose my own community.' So, we talk about opening up and integrating, not assimilating – keeping our own distinct culture, but finding out about others and then working together is important – but never to lose your own cultural ways.

"Parenting, education, and outreach are very important. Armenians are very attached to their church; the church is a uniting factor. Yet, we cannot do 'outreach' through the church because of the mental health stigma. You must do education and outreach hand-in-hand with treatment.

"MHSA takes into consideration all these factors and I am very optimistic about the future. What has impressed me is the openness of the staff and consultants at the Department of Mental Health. They were truly open to do something about existing problems in our service area. We were granted fifty slots for the Armenian community, which is a fantastic start. We are at the tip of the iceberg – the ball is rolling.

'Whatever your problems are, they are different than mine and you won't understand my problems. Secondly, if I meet with you maybe I will assimilate some of who you are and lose my own community.'

Emma Oshagan,
Coordinator,
Armenian Program Development,
Pacific Clinics

I am also optimistic about the second phase of the MHSA, which is prevention and intervention. That will help us to help many ethnic communities." — *Emma Oshagan, Coordinator, Armenian Program Development, Pacific Clinics*

Laurel Mildred of the California Mental Health Directors Association explained: "We are learning from different ethnic groups that they didn't care for our old services, so they didn't engage. Some ended up in other systems like jails because our services were not helpful to them. This stakeholder process has been a rare gift and opportunity. How do we make ourselves useful to their communities and encourage them to become our partners? We are facing challenges, but the doors are open and the relationships and trust are growing."

In the end, it is only by inviting everyone to the table that the mental health system will be transformed.

"We are talking about community here," said Dr. Stephen Mayberg, Director of the California Department of Mental Health. "We need to embrace and just ask people to help us. Transformation is a blending of the old with the new. What collectively now do we want to accomplish with the new?"

> ***"We are talking about community here. We need to embrace and just ask people to help us."***
>
> **Dr. Stephen Mayberg,**
> Director of the California Department of Mental Health.

Los Angeles County DMH Community Services and Supports Guiding Principles

Presented By The Underrepresented Ethnic Populations Group *(The text is abbreviated for this booklet.)*

The Underrepresented Ethnic Populations (UREP) Group proposes the following guiding principles to be adopted within the Los Angeles County Community Services and Supports (CSS) plan and for transformation of the mental health system for all age groups.

Principle 1: Dedicated Funding

Allocate ongoing dedicated funding to unserved, underserved, and inappropriately served ethnic populations who are uninsured, uninsurable across age groups (children, transitional youth, adult, and older adult), consistent with the language and cultural needs and demographics of communities.

Principle 2: Expansion and Transformation of Mental Health Services

Expand the mental health system's capacity to provide services to underrepresented ethnic populations across age groups by increasing the number of community-based organizations and by strengthening partnerships with providers that have long-standing community ties.

Principle 3: Involvement, Engagement, and Empowerment of Consumers and Families

Fully engage consumers, families, and community members – such as parents, neighbors, and significant others – in culturally effective ways at all levels of the mental health system, including developing treatment options, planning, advocacy, accountability, employment, and education.

Principle 4: Workforce Development and Retention

Develop and implement programs that increase the capacity of the mental health system to recruit, hire, train, and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers, and their families who live in and/or reflect the demographics of individual communities.

Principle 5: Access, Outreach, and Engagement

Develop and implement culturally and linguistically appropriate strategies, policies, and procedures to increase access to culturally appropriate mental health services for unserved, underserved, and inappropriately served ethnic populations.

Principle 6: Cultural Competency

Develop cross-cultural and multi-cultural competency programs throughout the mental health system to ensure quality services for all communities. Expand the theory and practice of community mental health to move beyond traditional models and to create culturally and linguistically sensitive and competent programs that include a strong, family-centered focus and effective, nontraditional approaches.

Interacting and Listening – What did people learn when they got together?

"The most important change that the MHSA brought forward is to bring the voice of the person receiving services and the families – across ethnicity – to the center of the conversation rather than at the margins of the conversation."

Dr. Marv Southard,
Director of Los Angeles County Mental Health

After doing outreach and getting people to the table, the work was in listening to one another and honoring each person's cultural history and experiences with mental health services. This section includes what people are learning from one another as they interact in stakeholder meetings and other community gatherings to clarify values, understand culture, and express preferences in recovery and treatment options.

"The issue isn't that new voices are being heard, but it is the centrality, the power that this process has given those new voices," says Dr. Marv Southard, Director of Los Angeles County Mental Health. "The most important change that the MHSA brought forward is to bring the voice of the person receiving services and the families – across ethnicity – to the center of the conversation rather than at the margins of the conversation.

"All voices are not equal; the voices of people who use services and family members should be privileged because it is for their benefit, and everyone else is a servant or partner in that. The answers lie in peaceful collaborations."

Bob Martinez, a consultant to the California Institute for Mental Health/MHSA, noted that learning from one another is a continuing process: "We have eight to nine ethnic groups that meet weekly to talk about experiences – transformation requires this kind of commitment and ongoing collaboration and building of partnerships. One barrier has been the exclusion of spiritual and religious aspects of culture in our system. As we listen, we are recognizing faith and spirit as an aspect of culture.

"There is little evidence-based practice with ethnic populations," he added. "We need to look through a community lens, not an organizational or mental health lens. We can never gain trust without this community lens, working to build trust, learn their views on mental illness, wellness and recovery and to help people tell us what their needs are."

Connie Reitman-Solas, Director of the California Inter-Tribal Council, summed up the painful experiences of Native Americans: "Historical traumas and related public policy by the federal government lie at the root of traumatic experience, and the breakdown of our Native American culture. Traumatic experiences – from the massive removal of children from the homes, relocation of many tribes, and genocide in the late 1800s – underlie many disturbances of the mind. The disen-

franchisement of families in the relocation programs by the federal government was disastrous. In 1883, the federal government said there would be no more traditional medicines or the person would be executed, thus adding to the loss of healing in our communities.

"Historical information must be shared, so there is understanding of the needs of Native Americans, especially the need for spiritual and traditional healing practices to be recognized. Honest and truthful dialogue begins the process of healing.

"As a tribal person," she continued, "I know spirituality is what sustained our people with all of the horrific things that happened. We have to give voice to that and acknowledge it works in our lives."

Spirituality is vital in healing today. "A few years ago in Portland, at a gathering of consumer leaders throughout the country, we asked what was the most important support for people, and the response was first, a relationship with God, and a distant second was friends," said Jay Mahler, Office of Consumer Affairs, Alameda County Behavioral Health. "We similarly asked what was the most important value in their recovery and the response was first hope and self-responsibility, with one vote behind being spirituality.

"For myself, with each challenge with my mental health, I experienced a profound spiritual change that was life-giving. Traditionally, people who use services have been discouraged from conversations about spirit with their mental health workers. I am most interested in transformation of the system to include changes in the area of how spirituality is related to a person's overall health, lifestyle, and recovery," Mahler added.

"In L.A. County we established one large stakeholder group, and laid out a strategy for eight service areas, identifying who lives in each service area and what the needs look like. Over 200 people attend the monthly stakeholder meetings including delegates of each service area, with representatives of Los Angeles county departments, community organizations, and ethnic and special needs populations. Service principles were developed by the stakeholder group to address county-wide collaboration and response to unique ethnic needs in each service area. The primary learning for us was first of all: people are unserved, underserved, and inappropriately served. Also, stigma is huge – we are moving in the direction of talking about wellness recovery seminars instead of mental illness groups. With our Full Services Partnership programs, we have added strategies to address whole families, and to help with whatever needs are identified. Many families want to help their family member in their home, even during times of high need, and can with the right supports. Many people are getting "treatment" in jail and are utilizing a lot of resources, yet not getting care. This is a justice issue. We do not have resources to attend to all people, but we are moving into a direction of healthy communities – our goal isn't to bring people to our doors, but to engage with them and help them to participate in resources available in the broader community. We've identified new positions called system navigators who will help people to get what they need outside our organiza-

"For myself, with each challenge with my mental health, I experienced a profound spiritual change that was life-giving. Traditionally, people who use services have been discouraged from conversations about spirit with their mental health workers. I am most interested in transformation of the system to include changes in the area of how spirituality is related to a person's overall health and lifestyle..."

Jay Mahler,
Office of Consumer Affairs,
Alameda County Behavioral Health

tion. Our programs are not up and running, but we have clear guidance from our stakeholders on where we are going." — *Olivia Celis, L.A. County Mental Health*

"The Department of Mental Health did a great job, kudos for leadership from Marvin Southard. We often have more than 140 people in one room – with different backgrounds and ideologies, and perspectives on how to improve the system. This is just plain hard at times, but very worthwhile for what we are learning about all parts of the system, and how to do outreach to people who haven't been served. The disparities in access and utilization are huge. This process feels good in two ways – professionally and personally. To be with more than 100 people in one room and to be able to open the mind, to say whatever you want to say, is great." — *Dr. Luis Garcia, Clinical Psychologist, Arcadia Pacific Clinics*

Other ethnic communities – Latino, Chinese, Vietnamese, and others – also shared their vision of greater cultural understanding in the mental health system at the Eliminating Disparities Conference in November 2006 (sponsored by the California Institute for Mental Health and Alameda, Contra Costa, and Solano counties).

"We don't have terms for mental illness, so we need to translate terms," said co-presenters Lien Cao and Dr. Tiffany Ho of the Viet-American Mental Health Network of Santa Clara County. "One of our goals is to reduce social and cultural stigma of mental illness. Overwhelmingly, what is important to us is community and family values, being support for one another, with multi-generations living in the same household. We function as a community. As a culture, we go to church and temples to get healing, support, and comfort. We do not want religion to be a divisive issue, so we invite people to talk about where they go worship, and we will go with them to help to support their healing."

Members of the Chinese community may also suffer from the stigma of seeking mental health treatment, notes the report *Ethnic Communities of Santa Clara County, 2006*: "Similar to other ethnic communities, Chinese people find strength in their supportive family members and friends; they celebrate and embrace their heritage and pass on traditions to their children. They are resilient with hope, but avoid seeking help due to fear of being labeled. There is concern of cultural isolation and loneliness for those with mental health support needs."

"For Latinos and Asian Pacific Islanders, we have huge discrepancies in the state and country, not just in L.A. County. Both access and utilization – it will take years to eliminate disparities; it is multi-factorial and involves the whole system, but we can decrease the disparities. A primary issue for Latinos is lack of insurance. Nationally, there are approximately 44 million American citizens who do not have insurance." — *Dr. Luis Garcia, Clinical Psychologist, Arcadia Pacific Clinics*

Carmela Castellano-Garcia, Chief Executive Officer of the California Primary Care Association, commented in her keynote speech at the Disparities Conference in November 2006 about key barriers to mental health services for Latino and other minority communities. "Barriers to mental health services include cost, fragmenta-

"*This is just plain hard at times, but very worthwhile for what we are learning about all parts of the system, and how to do outreach to people who haven't been served. The disparities in access and utilization are huge. This process feels good in two ways – professionally and personally. To be with more than 100 people in one room and to be able to open the mind, to say whatever you want to say, is great.*"

Dr. Luis Garcia,
Clinical Psychologist, Arcadia Pacific Clinics

tion of services, lack of availability of services, and societal stigma toward mental illness. The stigma surrounding mental illness is an extremely powerful barrier to reaching treatment for all populations. It brings with it shame and embarrassment. People, who because of stigma and other linguistic, cultural, and financial barriers do not seek out mental health services in traditional settings, are more receptive to accessing behavioral health services that are integrated into their primary care. Language and culture are extremely valuable in how people make decisions. I need help, how do I get it? Their understanding of what is aching inside them depends on what kind of help, healing, and wellness they are seeking. There are preferences in traditional and nontraditional approaches – many will not go to conventional services because they are distrustful. This is a wake-up call for all of us; there are cultural groups that process information in different ways than we are accustomed to."

As a result of careful listening to the ethnic communities in Santa Clara, their report (Ethnic Communities of Santa Clara County, 2006) begins with a commitment to these ethnic communities:

- Transformation begins within the individual, in the heart, in the spirit, the soul, and the mind.
- Transformation is familial, is communal; it deepens connections, kindness, generosity, trust, and love.
- Transformation is the new and renewed mental health system.
- Transformation for ALL means never to return, always to progress.

"This is a wake-up call for all of us; there are cultural groups that process information in different ways than we are accustomed to."

Carmela Castellano-Garcia,
Chief Executive Officer of the
California Primary Care Association

Enacting What You Learn– What will some of the changes look like?

> *"We do not label children. They are viewed as sacred, not disturbed. Some speak of children who need help as 'children of a special way'."*
>
> **Holly Echo-Hawk,**
> Member of the Pawnee Nation and Senior Mental Health Consultant with the National System of Care Initiative

Hope is prevalent in this small booklet—that by listening to the truth of various stakeholders, people who have not been served in the past will receive culturally appropriate services. Families, multi-generational family stories, and communities are honored by the creation of new services and new ways of doing business.

Promises must be kept. Redefining services to reflect what has been learned during the stakeholder and community building process is essential to honor the integrity of the process, and to further relationships that have been built. As Holly Echo-Hawk put it: "Don't build for—create with."

This section includes thoughts about enacting new processes and new services in public mental health.

New choices

Walter Shwe of the California Mental Health Planning Council spoke in favor of more choices for mental health consumers. Walter is a client advocate, and in speaking on behalf of himself and not the Council, states: "I think it is a good idea to do what they are doing in England, to give consumers a choice of what assessment to have and what services they want. The staff may decide what programs you are best suited for from what they know about you, but the client may not always agree with that."

Tina Wooton of the Department of Mental Health said she'd like to see more peer-run centers and more peers providing treatment: "Crisis residential programs need peer employees to help a person through a crisis that they may have experienced similarly themselves. Employment leads to a voice in the system and helps to reduce stigma, as people work side by side."

Mental Health Managers in Recovery is a group that includes county, city, and statewide managers who have received mental health services and now work in the mental health system. "We're advocating for the transformation of mental health services to include wellness and the holistic view of a person, with an emphasis on dignity and respect, self-care, and healing, so a person can live their desired lifestyle," said Sharon Kuehn, Consumer Empowerment Program Manager at Santa Barbara County ADMHS.

New cultural understandings and respect for tradition

"We need to talk about the underpinnings and values of cultural practices, and acknowledge that they exist," said Connie Reitman-Solas. "A common ground for Native Americans is that everyone has a spirit. We acknowledge that spirit guides us and helps us to be strong as we face challenges, including this challenge of system transformation."

Holly Echo-Hawk, a member of the Pawnee Nation and Senior Mental Health Consultant with the National System of Care Initiative, explained the different take Native Americans have on emotionally disturbed children: "We do not label children. They are viewed as sacred, not disturbed. Some speak of children who need help as 'children of a special way'."

Thanks in part to the Stakeholder process the mental health system is learning to respect traditional healing practices and the power of a spiritual life.

"It is practice based on thousands of years – it works, it is comfortable for our culture, and efficient," said D. Shane Barnett, Executive Director of Walking East Council for the Advancement of Native Americans. "This includes healing aspects of the sweat lodge, talking circles, and other health ceremonies. There are spiritual links with each of these practices that are part of our ancient culture. San Francisco State University is working with us to design courses in these areas for mental health practitioners." Lorraine Laiwa, a tribal elder, spoke of the importance of spirituality in traditional healing practices: "Our healing songs are ancient. We believe our people are healed in many different ways. While the needs are unseen, the Creator knows all about these things. We open our ceremonies and it is believed that we empty ourselves and allow ourselves to be filled with what the Creator has for us."

New equality

Another goal is to address disparities in the mental health system and the stigma associated with mental health treatment. "There are glaring disparities of who gets service and who does not," says Dr. Stephen Mayberg. "Our nation has long histories of disenfranchising and alienating people who are different. . . color, gender, sexuality, and disability. We need to have a plan with strategies for how to get there, not just to do good, but also to see outcomes in people's lives who have not been served or well served.

"More than 100,000 people have been involved in planning and the stakeholder process. Now the silent majority has a voice. Approximately 4,300 new positions will be created with 20 to 25 percent being filled by people who use services and their family members. This is not tokenism, but an important resource and addition to our work force."

Cultural competency is essential in the redefining of services.

"By the year 2010, demographic projects show that there will be no majority group within this nation," said Matthew R. Mock, Ph.D. The field of psychology is

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>
> **Matthew R. Mock, PhD,**
> Director, Center for Multicultural Development, CIMH

94 percent white, and 6 percent ethnic minorities. The DSM-IV acknowledges the role of culture in diagnosis through Cultural Formulation that appears in its appendix. As one reviews the Cultural Formulation and to whom it is relevant, it is about every single person who receives services. Interventions are still largely out of step with realities of the culture of individuals to receive services and the communities that support them."

New commitment to justice

"We don't use the word justice, but it surely is a justice issue," said Maria Funk, District Chief of Adult Systems of Care, Countywide Programs. "For people who use services, it is about getting services they want – not what professionals think is the right treatment. For some ethnic groups we haven't outreached to, they have been taking care of their own. For those with mental illness who get sent to jail because of their mental illness, it is a huge injustice. There are still lots of very ill people in jail; it is very disturbing who is locked up and what they are doing in their cells. This is an injustice."

Housing is another area where those with mental illness experience injustice. As Maria Funk described: "Stigma issues come up the most often around housing. Part of the answer is to share stories and do outreach in the neighborhood and educate the community and the politicians. People need to build relationships and tell stories of what works."

"For Latinos the spiritual component is important and should be addressed, or it is like we are taking away their values and beliefs. For example, many people are Catholic and the first place of referral is the Church. We should honor this, and for some it may mean a priest being present for part of our work," said Dr. Luis Garcia.

"The system has to be flexible, and that is what we are seeing in L.A. County. However, we are stuck in that we have developed Full Services Partnership Programs where the funding is much higher than standard mental health services, and the criteria for accessing these funds are not flexible. For example, we know that to help many families we need to help the entire family, not just the child. With the new funds we can do this, but not all people are eligible for the new funds – and many others need this level of funding. If both pots could be put together, we could access the dollars on an 'as-need' basis." — *Dr. Luis Garcia, Clinical Psychologist, Arcadia Pacific Clinics*

Judy Cooperberg, Director of Antelope Valley Programs of the National Mental Health Association of Greater Los Angeles, is working to reduce the stigma around mental health services. "We need to teach the person who experiences symptoms that it is only a small part of their life, not their entire life," she said. "Services, then, do not define a life. In our county, our 70-plus collaborators helped to pass Proposition 63. My job is to get to know these partners, to help them, and in turn, resources come rolling in, and the community learns to de-stigmatize mental illness." Her agency is a major collaborator in the development of a large housing project that

will include 35 apartments for people who use their services, and a separate 20,000 square foot facility to house MHA-Antelope Valley Programs. These projects are concrete examples of the good that comes out of partnerships and coalitions, and Judy's ongoing participation in broad community events and activities.

New partnerships

"The mental health directors are changed. There is joy in the new relationships with stakeholders. We all know the possibility of transformation of mental health services is rooted in the Stakeholder Process," said Laurel Mildred, California Mental Health Directors Association, MHSA.

The transformed mental health system will work with families and communities to bring healing. Primary guiding principles for the ethnic advisory committees of Santa Clara County include this statement: "Essential healing, recovery, and resiliency are enhanced by the natural systems found in community. As a result, social interaction and deep connections within our community, be it family, neighborhood, or other social environments, must be central to all service delivery systems."

One of the natural supports and partnerships is in faith communities. Ana Wong-McDonald is reaching out to faith-based organizations in Los Angeles County to help this natural community support system to be more welcoming and inclusive.

"A lack of understanding and acceptance for mental illness still permeates many faith communities," said Wong-McDonald. "Outreach efforts are needed at faith communities that would encompass stigma busting, and education and training of what mental illness is and what it is not. Clergy and congregations could often use some help on how to assist their members who experience mental illness: for example, providing seminars on mental illness for their congregants, training ushers and greeters to b e welcoming and attentive to the needs of people with mental illness, and supporting families challenged with related issues. The designation of a portion of the MHSA funds toward outreach efforts at communities of faith will help individuals who experience mental illness, their families, and the greater communities."

Quyen Vuong, of the Viet-American Mental Health Network in San Jose, works with the Vietnamese community. "Our children have more problems than the parents would like to think. With youth, we take two approaches – to engage youth in healthy community services, and to build the community and support networks for them," she explained. "In the Happy Five project, we include parents and grandparents and talk about good physical health, including brain development and social and mental development in the first five years. There are four components: a written parenting guide in Vietnamese, workshops, the radio program, and community engagement where we invite the whole community so we can talk about outreach and public education."

As the transformation continues, families and communities are seeing the benefits.

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> ***"We see a more holistic approach that allows for definition by the clients and family members, and people of ethnic groups who are telling us of their ideas of what constitutes recovery and lifestyle support."***
>
> **Dr. Marv Southard,**
> Director of Los Angeles County Mental Health

"The benefit of all of this is that people are getting their lives back," said Richard Van Horn, President, Mental Health Association of L.A. "Dr. Stephen Mayberg set this up right – we have had a stakeholder process beyond belief. Positive new programs will include Wellness Centers and consumer-run discovery centers."

Dr. Marv Southard, Director of Los Angeles County Mental Health, said a new, holistic model of recovery is coming forward: "All are looking to define a model of recovery that focuses on client well-being and the richness of lives, with medical interventions as a necessary part of this model. We see a more holistic approach that allows for definition by the clients and family members, and people of ethnic groups who are telling us of their ideas of what constitutes recovery and lifestyle support."

Connie Reitman-Solas presented Native Americans' views on the transformation of the mental health system: "Tribal people have their perspective of what transformation will look like. Communications have to come in a number of ways including:

1. Listen to strategies that will work
2. Take time to build teams
3. Identify common ground, knowing it takes time to build trust from historical mistrust, exclusion, and inequities
4. Respect different ways
5. Top to bottom participation, and bottom to top
6. Mutually define standards for success – what will it look like?
7. Who is at the table to make what decisions?
8. Honor decisions that are made."

Ending:
United is stronger than alone

By Dr. Stephen Mayberg,
Director, California State Department of Mental Health

The transformation of the mental health system holds many promises. We are building and developing new partnerships, welcoming the many contributions of consumers and their families, and delivering more culturally appropriate care. But any transformation comes with its own challenges.

Change is hard. We are always more comfortable with the familiar. It takes a catalyst to propel change, as there is a natural inertia to do the same thing. A billion dollars is a good catalyst, but it isn't all that is necessary.

Transformation of the mental health system is about values and process. People who agree on the need for change are realizing that change is about all of us – not just the other person. We are a family here; we love each other, but we are dysfunctional. Now we have changed the rules in how we make decisions, where we are headed, and that means we lose something familiar.

Change brings anxiety. We have to trust new partners and trust that we are doing the right thing. Listening to our international partners at the Policy Forum tells me that we are all going in the same direction. This is an evolution, not a revolution – a sharing of power, and that is difficult for some. As we move forward, more people will find it easier to accept the shift to a new direction.

As we examine the reluctance to change, what are the underpinnings of what is in our hearts? Is recovery something we believe in? Do we believe in equality of partnerships? Do we believe the stereotypes of mental illness, or do we treat each other with the dignity and respect that is required to work as partners? Are we working to change the attitudes of the community toward mental illness – discrimination in jobs, housing, a real life in the community? Perhaps our greatest challenge is to see our own stigma of mental illness.

Evaluation and outcomes might be looked at in new ways. From whose point of view do we want to evaluate this change? Are the lives of the people who use the system better? How about the lives of the employees of the mental health system? Will change be better?

> ***"From heart, passion, and intellect we can pull this together."***
>
> Dr. Stephen Mayberg

Transformation of a system means changing the system's culture. What are our core values collectively? The wording and content may vary in different communities, yet we want to agree on a set of values that will become our guiding principles. Recovery values have been well adopted in this state; in what ways are new words being brought into these values as we include all people in the conversation? We know we are not entirely culturally competent; our system has been driven by white middle-class values. Is there a disconnect in how we do business?

Now we see ourselves as a system that can be an agent for social change. We want to change perceptions, incorporate cultural values and beliefs, and see consumers of mental health services enjoying a life in the community with friends, employment, and no discrimination. To achieve these values, we must work together. We need to listen to one another long enough to find our common ground. We need to help everyone receive mental health services according to their culture and values.

We have little wiggle room. We have begun with wonderful collaborative efforts, and we must keep these efforts going. We must build trust by doing what we say we will do together.

To move forward, we must tolerate the discomfort of change. We must be patient, work together, balance proactive with reactive, focus, learn from our mistakes, and always be strength driven. We need to see and build upon one another's strengths, and to leave the criticism behind.

Finally, share successes. Pay particular attention to sharing stories, eating meals together, communicating face-to-face, enjoying one another's differences, and embracing our common need for one another.

If we always remember that it is about the people, not about the system, we will succeed!

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>
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